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ABSTRACT

The roles that mental health professionals must play to facilitate the prevention of mental illness and the introduction of mentally healthy attitudes in our society is discussed. Mental health professionals must re-examine the meaning of mental health in the context of the current world situation and ask themselves to what extent they are contributing to the fight against social injustice. Mental health is no longer the opposite of mental illness but now means human well-being. Consequently non-professionals, parents, teachers, and peers must be given rudimentary training enabling them to act as promoters of sound mental health practices and there must be community organization around mental and public health. In order to help larger numbers of people become mentally healthy, mental health workers must share a set of action-oriented principles which provide the philosophical framework for meaningful mental health activities. These principles are based on movement from institutional violence to human service orientation, from hate to love, manipulation to honesty, dependency to independence, competition to incorporation, isolation to community, professionalism to involvement in social change, security orientation to risk orientation, and prevention of mental illness to promotion of mental health. (Author/RSM)

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CHANGING ROLES OF MENTAL HEALTH PROFESSIONALS

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In an age of revolutionary change the members of all professions are compelled to re-assess their roles and re-examine their professional, social, and ethical responsibilities. Failure to explore novel and more relevant roles in an age of rapid and decisive changes will precipitate the painful recognition that those professionals who refuse to take the lead toward change will become the victims of change and lose their relevance.

Mental health professionals comprising psychiatrists, clinical and counseling psychologists, psychiatric social workers, psychiatric nurses, and guidance counselors have traditionally promoted adjustment to life and society as their main goal in the American culture. Enmeshed in various intrapsychic approaches they regard mental illness primarily as a personal problem and only secondarily as a societal and environmental problem insofar as the individual tends to diverge from accepted cultural and social norms. As a rule, most mental health professionals are not concerned with the solution of social, economic, and cultural problems. They act as mental health technicians rather than as promoters of public mental health. They were and are more concerned with getting emotionally disturbed people into mental hospitals than with getting mental hospitals transformed into humane and rehabilitative institutions. They regard the established order of things as unchangeable or amenable to slight changes when "conditions are ripe for change." They fail to comprehend the need for social justice and replacement of bureaucratic institutions

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and superstructures by humane, person-centered, and service-oriented structures which minimize bureaucratic brutality and oppose violation of individual dignity and integrity.

There is no need to quote wellknown statistics to indicate that poverty, discrimination, prejudice, war, overpopulation, and environmental pollution of land, water, and air are seriously contributing to the increasing rate of mental illness throughout the world. Therefore one would expect mental health professionals to be social-action-oriented activists who seek to impress upon politicians and the public at large the urgent need for providing solutions to these basic human problems. But most professionals continue to treat individual patients as if they had no responsibility for the mitigation of any of these social ills. The majority of mental health professionals refuse to become social activists because they claim that such activism might "impair their role as professionals." Few of them work in the ghettoes of our cities because they are unwilling to make their skills available when the urban plight and decay demand innovative approaches.

At present mental health professionals reach only a small segment of the middle and upper classes and it is doubtful whether their combined efforts to cure, let alone prevent, mental illness are effective altogether as Eysenck (8, 9) and Mowrer (20) have pointed out. Many of them serve as diagnosticians perpetuating the myth of mental illness as Szasz (25, 27) has argued. For each mental patient who has been cured or improved by treatment, there is at least one other patient who has been irreparably damaged by misdiagnosis or mistreatment, however unintentional. Alcoholics Anonymous is said to have cured more alcoholics than any and all mental health professionals. The compulsive-obsessive psychiatrist who hardly finds any time to spend with his family attempts to cure the businessman

from his "achievement or money neurosis." Decisions over life and death of mental patients are made by mental health professionals in five-minute interviews without any prior knowledge of the patient's etiology. The total deprivation of civil rights imposed upon any person who enters a mental hospital in our society, the transformation of the patient into a number or a submissive slave depending on the psychiatrist's whims, and use of classificatory categories such as paranoid to describe inmates who assert their basic human dignity rebelling against mistreatment, all these dehumanizing practices could not go on if mental health professionals refused to ally themselves with the mental health power structure as Graziano (14) and Szasz (26) have so conclusively indicated.

What kind of roles are mental health professionals to play if they want to become genuinely concerned with the prevention and cure of mental illness and the introduction of sound and mentally healthy attitudes in our society?

First of all, mental health professionals must re-examine the meaning of mental health in the context of the current world situation where an insane arms race and cruel civil wars as well as wars of foreign aggression are being waged and the gap between rich and poor people and nations is constantly widening. The first most important lesson that mental health professionals in the world of today must learn implies that there is an intimate relationship between mental health and social justice. Mental health cannot reign in a world of social injustice. Therefore every mental health professional must ask himself where, how, and to what extent he is contributing in both his professional and extraprofessional life's work to the fight against social injustice and the establishment of a better and fairer social order or system.

The second principle requires the acknowledgement of the close

relationship between mental health and the dignity of the individual. Wherever the right of the individual person to dignity, the respect for his integrity, and his right to liberty and the pursuit of happiness are infringed upon, the environment which tolerates such infringement must be declared as detrimental to mental health. It is therefore the role of the mental health professional to see to it that mental hospitals are run for the welfare of the patients rather than for the convenience of psychiatric personnel, staff, and administration. He must insist that mental patients rather than being classified and persecuted as schizophrenics, paranoids, manic depressives, obsessive-compulsives, and anxiety-neurotics, be treated as people with specific problems in coping with life and reality. He must see to it that these people be encouraged to explore their own resources of strength, creativity, and independence so that they are enabled to regain trust and self-confidence. Mental health professionals must learn to enlist the aid of patients themselves in group and encounter sessions to assist one another in the process of gaining trust and hope.

Nicholas Hobbs (17) has drawn attention to the fact that mental health has finally moved away from the restricted clinical model and adopted the broader perspective of mental health as an integral part of public health. According to him, mental health is no longer identifiable with its opposite, mental disease. Now it means not just health but human well-being. Consequently, the responsibility for all aspects of mental health, including curative and preventive approaches, can no longer remain the exclusive domain of mental health professionals who must undergo prolonged professional training. If modern principles of mental health are to become widely accepted in our society, nonprofessionals, parents, teachers, and peers must be increasingly given the necessary rudimentary training enabling them to act as psychotherapeutic agents and promoters of sound practices of

mental health. Bernard J. Guerney (15) has collected evidence of the increasingly widespread utilization of these nonprofessionals in the most diversified settings in the community. Among these novel uses we must include the training of students in all educational institutions to serve as leaders of group discussions, encounter sessions, and similar experiences where basic problems of identity, life goals, and relatedness to the community at large can be clarified and investigated in an atmosphere of frankness, honesty, and absence of status or role interference. There is no doubt that one of the most successful and rewarding approaches consists in the type of small group meetings in which people learn to confront one another as individuals in honest exploration of their genuine feelings. One prerequisite for such encounter-type meetings consists in the absolute necessity to relinquish all the artificial professional, status, and prestige roles which interfere with the honest and sincere exploration of basic motives and feelings. Mental health professionals must be willing to become members of such groups and, in many cases, this requires the courage to give up long cherished images of omnipotence or professional expertise and to show a willingness to listen to other people on the basis of full acceptance as equals. This does not mean that the professional cannot or should not utilize his peculiar skills and professional experience to assist the group members and himself in crystallization of goals and attainment of heightened understanding of self and others. But any attitude of superiority which might be stemming from this professional expertise is likely to place the mental health professional outside the pale of the group.

Another result of this need for humility in the approach to the solution of mental health problems is indicated by the changing attitudes of community-based groups toward so-called specialists in the field of mental health. Most grassroots mental health organizations are extremely suspicious of any

mental health expert who offers them his services. This suspicion arises from many past experiences where mental health professionals have imposed types of services on communities which had little or no relevance to their basic mental or public health needs. This is particularly evident in ghetto areas where middle and upper class psychiatric services based on individual therapy along Freudian lines have generally been ineffective. The only way for any mental health service to function adequately in any community is to establish broad-based community participation and to enlist the people of the community in effecting change and establishing the types of services needed after thorough investigation of their needs. What happens when hospital administrations follow outmoded psychiatric models in their introduction of new services in a community was pointed out in recent papers by Selma Garai (12, 13) and Josef E. Garai (11). The role of the mental health person must become defined as that of a resource person who is willing to place his special skills and expertise at the service of the community in the delivery of relevant services.

Group therapy, family therapy, and peer group therapy are the most promising avenues toward the dissemination of sound mental health approaches. There is no doubt that the current methods of training of therapists in these areas are too costly and prolonged to provide even a small supply of trained workers in these fields. Therefore, besides an urgently needed restructuring of existing programs with a view toward utilization of shortcut methods, the currently practising mental health professionals must devise innovative and relevant techniques to train families and family members as family therapists, and students as group discussion leaders, counselors, and therapeutic aides in their relations with fellow students. Similarly, workers and businessmen in industry, nurses, psysicians, ward attendants, and other hospital personnel, policemen in their relations with

one another and the community, firemen, teachers and school principals can be trained in selected groups to apply principles of community mental health in their own institutional settings and in their dealings with people in their communities. Teachers at all levels must be trained to replace the authoritarian patterns of instruction with group dynamics approaches involving the students in more active learning-teaching interaction.

One of the most urgent tasks which has so far been almost entirely neglected by the vast majority of mental health professionals is that of community organization around mental and public health. The most deplorable outcome of this failure to take the initiative toward change is the continuing mass-scale deprivation of mental health services in low-income areas of our country, with the black, Puerto Rican, Mexican, and Indian minorities suffering from four to ten times the incidence of mental illness, while public mental health services constitute anywhere from one thirtieth to one quarter in scope of similar public services infused into middle-class areas. To assist the people in ghetto areas should be a basic commitment of any mental health professional. One of the prerequisites for effective work in ghetto areas is an understanding of the problems confronting the poor. Therefore we need novel training approaches which can familiarize the novice with the specific socioeconomic, cultural, and ethnic group problems of the ghetto. He must learn to become a community organizer and seek out both professionals and nonprofessionals to form the type of cohesive community-based action organization which can mobilize the utmost militancy and community support for the introduction of effective community mental health programs. He must, as they say in the ghetto, help the people "do their own thing" and get down to the "nitty-gritty" of community grass-roots organization to exert maximum pressure on the power structure to

infuse relevant services into previously deprived communities. We need more training institutes for the specialty of "community mental health organization" and, of course, these institutes must be compelled to select a sizable number of their trainees from the indigenous population of the ghettoes. It is outrageous to observe the totally insignificant number of mental health experts among nonwhites. Immediate steps are to be taken to raise the number of nonwhite mental health trainees and experts by seeking out as large a pool of candidates from minority groups as possible and it is the combined responsibility of all mental health professionals to secure the funds for training and scholasrhips which are needed to train black, Puerto Rican, Indian, and Mexican mental health professionals and nonprofessionals in sufficiently large numbers.

Another possibility that ought to be seriously considered is a national health emergency service which would require each mental health professional to devote a minimum of three hours weekly to public service. This would initially supply the manpower to assist in the organization of grassroots community groups in deprived areas. Of course, any health worker in any field should be made to commit himself to at least three hours of work per week in public health. The field of mental health education must be vastly expanded if the foregoing innovative approaches are to be introduced on a large scale. The vicious attacks launched by the extreme right against sex education should serve as a warning sign for all those who think that sounder attitudes toward mental health and problems of mental illness can be promoted without painstaking and patient efforts to educate the community toward a more profound comprehension of the issues.

The difficulties in the derivation of an adequate definition of the concept of mental health have been pointed out by Marie Jahoda (18) and others. My own preferred definition includes two of the attributes stated

by Sigmund Freud, namely success in love and success in work, and two criteria stemming from my own observation, namely success in relatedness to the community and the world at large, and a general outlook on life in which trust and hope predominate over distrust and despair. A mentally healthy individual would thus be described as a person who succeeds in establishing a close, intimate, and trusting relationship with a person of the opposite sex, who is able to find self-fulfillment in his work, who is involved in the burning issues of the immediate neighborhood community as well as in those of the larger communities such as city, county, state, nation, and the international community, who is able to relate to people in these communities and to contribute to the creation of a better and more livable environment, and who inspires and is inspired by attitudes of trust, hope, and planning for the future rather than yielding to suspicion and despair, and lingering upon memories of the past. Not all of these characteristics need to be present simultaneously, but the general trend and the potential of the personality lie in this direction.

We hope to move larger numbers of people toward the type of life which characterizes the mentally healthy person. Help is needed from all workers in the field of mental health, whether they be professionals or nonprofessionals. To achieve this goal, mental health workers must share a set of action-oriented principles which are outlined here in an attempt to provide the philosophical framework for meaningful mental health activities. Each of these basic action-orientation principles designates movement from a current state of mental illness toward a future state of mental health. There are altogether fifteen such principles based on movement from: (1) Fragmentation to Integration, (2) Depersonalization to Identity, (3) Suspiciousness to Trust, (4) Fear to Hope, (5) Authoritarianism to Equality, (6) Violence to Conciliation, (7) Institutional Violence to Human

Service Orientation, (8) Hate to Love, (9) Manipulation to Honesty, (10) Dependency to Independence, (11) Competition to Cooperation, (12) Isolation to Community, (13) Professionalism to Involvement in Social Change, (14) Security Orientation to Risk Orientation, and (15) Prevention of Mental Illness to Promotion of Mental Health. The rationale for each of these strategies can be presented here very briefly.

(1) FROM FRAGMENTATION TO INTEGRATION--In another paper (10) I have pointed out that today's young generation is probably the most fragmented, confused, and diversified generation ever. But it is precisely their intense experience of fragmentation and isolation that has set in motion those forces which permit them to see the absolute necessity for the full integration of all human experience. They have come to realize that intellect and feeling, body and mind, individual and society, nation and world, inner experience and outer reality are only different aspects of the same total human experience. In the past mental health professionals in their attempts to understand human experience have concentrated far too much on analysis and reductionism and lost the total person in the attempt to divide it up into traits, characteristics, symptoms, types, and other nosological schemes. Research and clinical observation should concentrate on the totality of human experience, life styles of persons rather than traits, and patterns of behavior. The need to know what makes people act in integrative and constructive ways should reduce our preoccupation with mental illness. More and more attempts must be made to study personality integration and effective personality growth.

(2) FROM DEPERSONALIZATION TO IDENTITY--Erikson has contributed a great deal to our understanding of identity formation and described the crises which confront the young people in their attempts at identity formation (6, 7). Sidney M. Jourard (19) has rightfully pointed out that

the perfectionistic adoption of certain roles has replaced the search for identity among many people in our society. Mental health professionals must be aware of the fact that alienation and depersonalization constitute only one aspect of the "flight from identity" characterizing the schizoid or alienated person who seeks to be a "non-identity" or "non-person." The perfectionistic mother who invests all her energy in the care of her children and the highly successful and hardworking businessman who has never time to share experiences with his wife or children are similar to the alienated in their escape from the search for genuine identity by plunging themselves into frantic role enactment. The ability to enact roles in itself is not a sufficient criterion for mental health. Each mental health professional must come to grips with the question: Who am I when I am not playing any role, i.e. when I am myself and completely myself? Jourard (19) has shown that this may perhaps be the most meaningful question which we will have to ask ourselves and the ability to answer it is based on trust, and the willingness to make oneself fully known to at least one other person. The dilemma of our age consists in the fact that there are too many well-trained efficient role-playing people and not enough individuals who retain the dictinctiveness of a special personality with its characteristic life style and ethical commitments. By the way, those psychiatrists who invest all their vital energies in the role of the "helper of the patient" are often just as deprived of identity as some of their most disturbed patients. They are cutting themselves off from participation in the microcosm of their own families and neighborhood and the macrocosm of the world of national and international politics.

(3) FROM SUSPICIOUSNESS TO TRUST--This is the basic problem of mental health. Without the ability to establish relationships of basic trust a person remains a mental cripple. Mental illness is characterized by the

inability to trust. To cure individual patients we must be able to provide the environment in which the patient learns to trust. Of course, while we are dealing with individual patients, we frequently forget that basic distrust and suspiciousness are generally aroused by those people who are themselves suspicious and distrustful individuals happening to be in charge of the future destinies of all of us as our elected policy-makers. The jungle of suspicion which mirrors our international relations and the cutthroat competition in our business world are powerfully reinforcing agents for all the suspicions inculcated by parents, teachers, and peers in the growing person. Again, most mental health professionals are caught in the web of Freudian pessimism which seems to claim that trust is established some time during the first two years in a person's life in the mother-child dyadic relationship and that any impairment of this early trust can be repaired, if at all, only with enormous difficulty and through long transferential psychoanalysis in later life. From Harlow's studies (16) we know that peer groups can often provide the trust for Rhesus monkey children deprived of mother love and care. Perhaps we ought to readjust our childrearing practices and introduce peergroup interaction much earlier in life to get most of our children for long stretches of the day away from their mothers. The example of Israel as stated by Bettelheim (4) and the Rabkins (22) has shown that independence and self-reliance are attained much earlier by the children of the Kibbutz who have been raised with their peers from early childhood on. In general, the modern methods of encounter group developed by Berne (3), Boszormenyi-Nagy and Framo (5), Jourard (19), Mowrer (20), Perls (21), Schutz (23) and Stoller (24) appear to be eminently suited to break down interpersonal barriers and resistance to communication. The marathon encounter groups can be highly successful instruments in efforts to attain the establishment of trusting relations among people who have become

accustomed to withholding of trust.

(4) FROM FEAR TO HOPE--This principle imposes a rather difficult task on mental health workers because our whole system of education and professional training is based on an intricate system of rewards and punishments which instills constant fear of failure in those who aspire to reap its prizes. Fear of authority, fear of failure, fear of rejection, fear of ridicule, fear of ostracism, fear of illness, fear of old age, and numerous other anxieties are day by day exploited by business, the mass media, and insurance companies in their greedy race to accumulate profits. The military establishment has been building up monstrously expensive defense systems against mythical enemy attacks and since the McCarthy era the whole country is still living, to some extent, in the shadow of the fear of a Communist takeover. The elimination of the appeal to fear requires concentration on avenues of hope and improvement. These can only be opened up when the people in our country are given opportunities to contribute to the improvement of their own lives and those of their fellow citizens. Nothing short of a total reassignment of national priorities will suffice to reverse the trend toward fear and despair. Once people are provided opportunities to participate in the solution of the most pressing problems affecting all of us such as poverty, discrimination, air pollution, water pollution, traffic congestion and lack of public means of transportation, conservation, national health insurance, and many others, they will be able to gain increased hope and confidence that life can be improved and a livable world be created by joint efforts. Our educational and industrial system must offer such opportunities and this can only be done when the huge expenditures invested in the war machine can be reassigned to other areas of more immediate human needs.

(5) FROM AUTHORITARIANISM TO EQUALITY--The current ferment throughout

the country and the world compels all authoritarian systems, structures, and institutions to relinquish strict hierarchical positions and to introduce changes which provide a more democratic and egalitarian exchange of opinions and decision-making machineries. The churches, the universities, high schools, elementary schools, and even the military are confronted by ever more militant demands that those who used to accept their autocratic decisions without opposition in former days be given a voice in the decisions which are to determine their course of action. Priests demand the right to get married, students the right to decide upon the curriculum and determine together with the faculty the hiring and firing of teachers, and soldiers insist on the right to agitate against the war on the premises of their military installations. This requires a total readjustment of roles for teachers, clergymen, soldiers, and parents. From my own experience as a college professor I can only state that students are no longer satisfied to see the teacher as a person standing in front of the class propounding his erudite theories. They want seminar-type classes with group discussion and maximum participation of students in the clarification of the subject matter and its relevance to their experience. Mental health professionals must realize that this trend indicates greater maturity and acceptance of responsibility on the part of the students. Such trends are to be encouraged but the teacher or professional must redefine his role and learn to work as a resource person in a group rather than as an exclusive authority in a certain domain. The egalitarian role is becoming more and more pronounced in the courtship and marriage relation where patterns of male dominance are yielding to egalitarian patterns of interaction with areas of decision-making divided up according to mutual consent or decisions arrived at jointly after negotiation and debate. Such education for equality must already begin in the nursery school and mental health workers should develop

those techniques which lead to early independence and ability to participate in the decision-making process.

(6) FROM VIOLENCE TO CONCILIATION--Violence has become a way of life as evidenced by the high rate of murders, homicides, assassinations of political personalities, and violence portrayed as a means to resolve conflicts on television and in the movies. Concepts of manliness are still based on false notions of toughness, the exercise of muscular strength, and the use of fire weapons. The whole male population, with the notable exception of hippies, tends to shy away from expression of emotions which are regarded as "unmanly." This "flight from tenderness" as described by Allport (1) is another serious mental health problem. There is no doubt that many types of neuroses and psychoses are caused or exacerbated by this socially prescribed need to withhold the expression of tender emotions. Social scientists together with mental health workers must learn to communicate to the people with whom they are dealing the effectiveness of alternative strategies of a nonviolent type in the solution of personal or social problems. Every mental health worker must familiarize himself with nonviolent methods of conflict resolution. George S. Bach and Peter Wyden in their provocative book "The Intimate Enemy" (2) have outlined a variety of such strategies for fair groundrules that could be used in family disputes. In our current world, the need to establish equitable rules for competition, fighting, and resolution of personal or national or international disputes becomes a matter of individual and national survival.

(7) FROM INSTITUTIONAL VIOLENCE TO SERVICE ORIENTATION--One of the basic dilemmas resented most by the young people in our society consists in the fact that institutions which were originally established to provide certain important services to individuals have ceased to deliver relevant and humane services. They have become massive bureaucratized superstructures

serving the interests of their management rather than those of their clients. Students complain that universities and high schools perpetuate the curricula designed by the faculty emphasizing the interests of faculty and administration while turning a deaf ear to the demands of students for greater relevance and modernization of curricula. The current revolution seeks to make all institutions responsive to the basic needs of the individual they are supposed to serve. This requires the giving up of vested interests by power structures which have assumed control and relinquished their responsiveness to and responsibility for the services to their clients. This disregard of basic human needs can only be remedied if the recipients of services are enabled to participate in the management and administration of these institutions. Students should participate in the running of universities, high schools, and elementary schools and in the design of their curricula, patients in the administration of hospitals, prisoners in the administration of correctional institutions, and workers in the management of factories. Of course, it will take a long time to re-educate the public toward acceptance of such radical changes. But sooner or later they are bound to occur. Only if the people are given a genuine stake in the control of the institutions designed to serve their needs can these institutions become viable and effective.

(8) FROM HATE TO LOVE--This change must occur not only in interpersonal but also in intergroup, interethnic, and interracial relations. Special emphasis must be placed on those ways and means that bring a variety of ethnic and racial groups into situations of mutual activity and contact enabling the members of these groups to work together and to share many experiences so that they arrive at a better understanding of their respective ways of life and ideas. Mental health workers can utilize such media as encounter groups, sensitivity training, and community problem solving

groups of mixed ethnic and racial composition to facilitate the process of group interaction based on mutual respect and development of common goals in the movement toward the creation of a livable environment.

(9) FROM MANIPULATION TO HONESTY--This is perhaps one of the most important goals of the mental health movement overlapping some of the previous principles. The young generation's most frequently raised complaint refers to the hypocrisy of their elders who give lip service to democracy, equality, honesty, and integrity while they tend to violate all these principles in their practices almost day by day. The father who has a mistress demands from his daughter abstinence from sexual intercourse before marriage, and the judge who sentences businessmen for fraudulent deals is some day revealed as engaging in fraudulent transactions himself. Manipulation of other people is admired and encouraged but resented when it is directed against oneself. Advertising is based on the arousal of base instincts, the manipulation of people's fears and infantile desires. In a world where one is constantly exploited and manipulated, it is impossible to preserve trust and integrity. Most people tend to meet manipulation with countermanipulation. The main ethical commitment of mental health workers must be made to uphold a philosophy of honesty, integrity, and respect for the dignity and inviolability of the other person. Exploitation of others is to be denounced as an unethical and dehumanizing practice. Interestingly enough, the emerging system of sexual ethics of the young people is based upon such honesty and integrity which declares sexual relations as desirable before marriage only when both persons are committed to a genuine relationship of love and intimacy. As one student stated it to me recently: "Sex is in, sexploitation is out...and the fink who is caught exploiting a girl for sex alone can be sure that no other girl will look at him any more..." Gibson Winter has provided most valuable insights into these problems in his book

"Love and Conflict" (28).

(10) FROM DEPENDENCY TO INDEPENDENCE--As previously pointed out, our society presents a mixed pattern of infantilization and encouragement of independence. It is one of the foremost obligations of mental health workers to bring some order into this chaotic confusion. Independence is to be encouraged by parents and teachers in the educational process. But with independence must go increased responsibility and the ability to make one's own decisions in a self-supporting rather than in a self-destructive manner. The sooner the young are initiated in the participatory process of decision-making and provided with the skills and tools to do so, the earlier will their independence needs be satisfied.

(11) FROM COMPETITION TO COOPERATION--This requires the development of strategies which encourage cooperative attitudes in group situations rather than competitive attitudes. It necessitates the giving up of excessive testing and grading systems, the establishment of individual goals and norms which permit the person to reach his own optimal level of performance, i.e., running against his own previous performance rather than against that of his peers, and the abolition of excessive hurdles, qualificatory examinations, and degree systems in the education of professionals. The whole system of prerequisites for certain job categories which is often based on totally irrelevant scholastic preparation, academic qualifications, and "tenure" or years of experience must undergo revision. The emphasis on these criteria excludes numerous members of minority groups with high practical qualifications from a variety of employment opportunities. The diploma, licensing, and certification systems have created certain privileged classes of professionals which utilize these documents to keep others out of their professions. Professionals must learn to cooperate with nonprofessionals and provide the monetary incentives to make the work of

nonprofessionals worthwhile and appreciated. Most nonprofessional mental health workers still get wages condemning them to levels below those of dishwashers.

(12) FROM ISOLATION TO COMMUNITY--Mental health workers who fail to get involved in the struggle for the attainment of more humane services in their communities, their own institutions or in some underprivileged area demonstrate the type of alienation and lack of responsiveness to community needs which characterizes absence of mental health. It is the task of mental health workers to promote and further all those community movements which want to re-establish a spirit of community involvement in the process of decision-making. Those movements which strive to gain increased community control are most closely related to the goals of the mental health movement since the replacement of feelings of helplessness and despair by feelings of power, hope, and increased ability to control one's own destiny is the result of determined community effort in all community control movements which have become successful in their struggle, to a greater or lesser extent. From the specific organizational and tactical approaches of such community groups, mental health workers can gain an excellent insight into those factors which promote selfhelp, independence, and hope as levers for change in a community.

(13) FROM PROFESSIONALISM TO INVOLVEMENT IN SOCIAL CHANGE--The time when professionals made the decisions concerning types and scope of services in a community is definitely over. Professionals must learn to minimize their professionalism and be willing to cooperate with the people in the community as resource persons who place their skills at their disposal. They must listen first and explore the needs of the community not in the old-fashioned social work way which amounts to equating the needs of the community with those of the social work establishment but in such a manner

as to enlist the assistance of grassroots people who possess the confidence of the community. After utilizing feedback from all the various groups in the community, the mental health worker must seek out those elements which genuinely represent the progressive consensus for change and explore ways and means how he can place his professional expertise at their disposal so that they might obtain their specific goals. Under no circumstances must he appear in the role of somebody who imposes programs on the community.

(14) FROM SECURITY-ORIENTATION TO RISK-ORIENTATION--Security-orientation leads to the defense of the status quo and the maintenance of "the wellknown bad" in preference to "the unknown good." People who seek security refuse to accept change unless the change is presented to them as implying no risk whatever. But it is the very nature of change that some shifts in vested interests are bound to occur. If needed change fails to occur for a long time, then the deterioration of services is bound to affect all the people in some way or other. The mental health worker must learn to present change in such a way as to allay the fears of people. He must inspire the community with the urge for improvement and change by involving the people directly in activities toward changing and improving their lot. Repeated experiences of gaining certain advantages through change will fortify the risk-orientation and reduce the excessive security-orientation of the people. Risk-orientation springs from trust and reinforces trust. It is attainable when people are encouraged to plan for the future rather than complain about the past, to abandon attitudes of self-pity and feelings of hurt, and to adopt a positive outlook on life. As one recently trained paraprofessional mental health worker in Bedford-Stuyvesant explained it to me, the attitude of risk-taking is implied by the statement: "The thousand hurts I suffered are worth the one loving response I met with." The other extreme characterizing the most security-oriented person would be expressed

in the words: "The thousand loving responses I met with in my life do not make up for the one grievous hurt I experienced." Most people's attitudes fall somewhere between the extremes of the continuum from security-orientation to risk-orientation and can be swayed toward increased risk-taking when appropriately motivated.

(15) FROM PREVENTION OF MENTAL ILLNESS TO PROMOTION OF MENTAL HEALTH--Rather than concentrating on the cure of those who are suffering from more or less serious impairment of their mental health, mental health workers should focus their main attention on programs which involve teachers, parents, and peers of young people in mental health education. If a large number of these people can be trained and enlisted as mental health workers they will reach all those who determine the future of our nation. Instead of instilling fear, distrust, and excessive competitive attitudes, they will promote hope, trust, and increased cooperation enabling the creation of a society where people shoulder the burden of transforming the environment into a genuinely responsive community. The preceding discussion of fourteen principles can serve as a framework for the dissemination of preventive mental health programs.

It is quite evident that the suggested changes in roles pose both a challenge and a threat to the current mental health establishment. If the changes are accepted as necessary and steps taken toward their implementation, the mental health movement is likely to become a mass movement in the current revolution in interpersonal and intergroup relations. For the first time in history man is presented with a chance to progress from dependency to maturity and from the jungle of cutthroat competition to the creation of a world of hope, peace, and cooperation in the establishment of a livable environment for all people.

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